ALABAMA BOARD OF NURSING
State of Alabama
P. O. Box 303900
Montgomery, Alabama 36130

APPLICATION FOR CONTINUED EDUCATION PROVIDER REINSTATEMENT

1. Provider/Business Name:		2. Phone Number: Business: Residential:	
3. Physical Address:	City:	State:	Zip Code:
4. Mailing Address:	City:	State:	Zip Code:
5. Provider Number:_____		Date of Issue:_____	
6. Provider's web address:			

7. Provider is: (Mark one of the options below or if none apply specify under other. See last page of application for provider codes.)

- ☐ Clinic
- ☐ College/University/School
- ☐ Home Health Care
- ☐ Hospital/Medical Center/Medical System
- ☐ Hospital/Nursing Home
- ☐ Mental Health Service
- ☐ Nursing Home
- ☐ Rehabilitation Center
- ☐ Outpatient Service
- ☐ Public Health Agency
- ☐ Publication
- ☐ Regional/National Association
- ☐ Regulatory Agency
- ☐ Self Employed Provider
- ☐ State Associate
- ☐ Other _____

8. Contact Person:

Name:_____ Phone No:_____

E-mail Address:_____

9. Individual Responsible for Record Keeping:

Name:_____ Phone No:_____

E-mail Address:_____

A. ORGANIZATION AND ADMINISTRATION

1. Submit the mission statement of your agency's education unit regarding continuing education [Chapter 610-X-10-.03 (b)].

2. List the education unit's objectives regarding continuing education [Chapter 610-X-10-.03(b)].

3. Provide a written description of your agency's organizational structure and the line and staff relations as related to the educational unit within the total organization [Chapter 610-X-10-.03(d)].

4. List the roles and responsibilities of the program director of the educational unit. State what qualifies the director for the position. [Chapter 610-X-10-.03 (2)b]

5. If the program director is not a registered nurse provide evidence of consultation by an RN to facilitate planning, development and evaluation of continuing education in nursing. Include names of individual, license number and the state in which they are licensed [Chapter 610-X-10-.03 (b) i].

B. POLICIES AND PROCECURES FOR IMPLEMENTATION AND EVALUATION OF THE EDUCATIONAL PROGRAMS AND THE EDUCATIONAL UNIT [Chapter 610-X-10-.03 (c) of the Alabama Board of Nursing Administrative Code.]

1. Attach copies of the following policies and procedures:

    a) Process for assessing and planning for continuing education for nurses.
    b) Records and reports maintenance (address retention and release of records, also disposition of records in the event of the demise of the provider).
    c) Electronic submission of records to ABN.
    d) Approval process for approving continuing education courses/classes/program.
    e) Advertising guidelines.
    f) Fee assessment, refund guidelines.
    g) Awarding of contact hours or credit.
    h) Evaluation of classes, courses, programs offered for continuing education for nurses.
    i) Selection of instructors and verification of instructor competence to present the continuing education activities.

2. Attach the evaluation plan for the education unit (include the elements to be evaluated, the time frame and the individual(s) responsible for the evaluation plans) be sure to address evaluation of the objectives listed for the educational unit under A (2) of this application.

C. CONTINUING EDUCATION

1. Submit one example of an outline for a continuing education activity that you plan to present or sponsor during the first six (6) – twelve (12) months of approval.

   Include the following:

   (a) Statement of course title, sponsoring agency (ies), date, of presentations(s).
   (b) Statement of need for the course.
   (c) Written statement of intended learning outcome (measurable behavioral/performance objectives).
   (d) Outline of content and instructional methodology.
   (e) Evaluation process for determining degree to which learner objectives are met, instructor proficiency and effectiveness and management of course.
   (f) Instructor(s) qualifications to present the course.
   (g) Number of contact hours.
   (h) Requirements for satisfactory course completion

2. Submit the evaluation form that you plan to use for evaluation of a course or activity.

ALABAMA BOARD OF NURSING
Instructor Information

NAME:	**2a. LICENSE NUMBER (if applicable):**
	2b. Date of Expiration:
	2c. Type of License:

3. EDUCATION:

College/University	Major	Degree	Area of Preparation	Year Degree Granted

4. EXPERIENCE: (Start with most recent experience)

Agency	Position	Clinical Area	From Mo/Yr	To Mo/Yr

5. TEACHING EXPERIENCE: (Start with most recent experience)

Title of Course	Description	Location	Month/Year

Please mail this application to the Alabama Board of Nursing with the $500.00 non-refundable fee to the following address:

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P. O. Box 303900
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PROVIDER CODES

01 Clinic

A facility devoted to the diagnosis and treatment of outpatients.

02 College/ University / School

An institution of higher learning

03 Home Health Care

An agency or organization that provides care in the patient / client's primary residence can be preventive, restorative or palliative.

04 Hospital / Medical Center / Medical System

An institution that provides medical, surgical, or psychiatric care and treatment across the life span.

05 Hospital / Nursing Home

Residential institution equipped to care for individuals unable to care for themselves independently. Owned, based or associated with a hospital.

06 Mental Health

A facility devoted to the diagnosis and treatment of psychological and emotional conditions.

07 Nursing Home

An establishment that provides residential quarters for the elderly or the chronically ill.

08 Rehabilitation Center

A facility that provides rehabilitative services to individuals experiencing disabilities (Medical or Psychiatric).

09 Other (Health Related)

Any other type of provider not listed in these codes.

10 Outpatient Services

An organization that offers services in a qualified medical center that does not require an overnight stay. Services may be medical, medical procedures, surgeries, wellness and prevention, diagnostic...

11 Public Health Agencies

An organization dedicated to promoting public health through organized interdisciplinary efforts that address the physical, mental, and environmental health concerns of communities and populations at risk for disease and injury.

12 Publications

Company that issues printed material for sale or distribution, esp. periodicals, books, or journals.

13 Regional / National Association

An organized body of individuals who have an interest, activity or purpose in common.

14 Regulatory Agency

A governmental agency that regulates businesses in the public interest.

15 Self Employed providers

Working for one self and not employed by someone else.

16 State Associates

An organized body of individuals who have an interest, activity, or purpose in common at the state level.